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## BIB DATA SHEET

CONFIRMATION NO. 5234

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/599,829	07/29/2009 RULE	604	3767	17683 US PCT (AP)		
<b>APPLICANTS</b> Steven D. Kimmell, Granada Hills, CA; Scott J. Gerondale, Newbury Park, CA;						
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US05/12122 04/08/2005 * which claims benefit of 60/561,378 04/12/2004 and claims benefit of 60/561,400 04/12/2004 and claims benefit of 60/561,389 04/12/2004 and claims benefit of 60/561,395 04/12/2004 and claims benefit of 60/561,480 04/12/2004 and claims benefit of 60/561,390 04/12/2004 (*)Data provided by applicant is not consistent with PTO records.						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/28/2010						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /KAMI A BOSWORTH/ Acknowledged Examiner's signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 12	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> ALLERGAN, INC. 2525 DUPONT DRIVE, T2-7H IRVINE, CA 92612-1599 UNITED STATES						
<b>TITLE</b> MULTI-SITE INJECTION SYSTEM						
<b>FILING FEE RECEIVED</b> 1120	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		